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Bib Data Sheet

CONFIRMATION NO. 3551

<b>SERIAL NUMBER</b> 09/645,794	<b>FILING DATE</b> 08/24/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> -2161 3525	<b>ATTORNEY DOCKET NO.</b> 4090-4002
<b>APPLICANTS</b> Robert Wallach, Mill Neck, NY; Jasper Jackson, Montclair, NJ;				
<b>** CONTINUING DATA *****</b> <i>msk</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>msk</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 10/17/2000</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>msk</i>		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 22
Verified and Acknowledged Examiner's Signature <i>msk</i> Initials		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> Walter G Hanchuk Morgan & Finnegan LLP 345 Park Avenue New York ,NY 10154				
<b>TITLE</b> Insurance incentive program having a term of years for promoting the purchase or lease of an automobile				
<b>FILING FEE RECEIVED</b> 518	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>SERIAL NUMBER</b> 09/645,794	<b>FILING DATE</b> 08/24/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 4090-4002
<b>APPLICANTS</b> Robert Wallach, Mill Neck, NY; Jasper Jackson, Montclair, NJ; <b>** CONTINUING DATA *****</b> <i>none V.F.</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none V.F.</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 10/17/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>V.F.</i> Verified and Acknowledged <i>V.F.</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 11
				<b>INDEPENDENT CLAIMS</b> 5
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